EST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN		
TOTAL CLAIMS			16-					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			3 (minus 20=		. 16			X\$ 9=		OR	X\$18=	288	
INDEPENDENT CLAIMS			1 minus 3 =		•			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT ÇLAIM PI	RESENT			Ū		+135=		OR	+270=	270	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	•	OR	TOTAL	1268	
CLAIMS AS AMENDED - PART II										•	OTHER		
(Column 1)				(Colu				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 36:	Minus	 3	6	= ·		X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus			=	4	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	·		3	+135=		OR	+270=	•	
								TOTAL ADDIT, FEE	•	OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIN 1 EE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 32	Minus	3		=		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus		3	<u> - </u>	4	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENUEN	CLAIM		J	+135=		OR	+270=		
		٠					•	TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)	·	(Colu	mn 2)	(Column 3)		ADDIT. FEE			AUUII. PEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Indep ndent	•	Minus	***		c		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On			
* If the entry in column 1 is less than the entry in column 2, write "" in column 3.										OR	+270=		
"If the "High st Number Previously Paid F" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT FEE		
		ber Previously Pai					er fou	ınd in the app	ropriate box	in col	umn 1.		